



TENNESSEE DEPARTMENT OF REVENUE  
EXPORTER TAX RETURN & CLAIM FOR REFUND

PET  
377

Filing Period Beginning: _____ Ending: _____ Due Date: _____		Account No. _____	SSN or FEIN _____
Location Address _____		If this is an AMENDED RETURN, } <input type="checkbox"/> please check the box at right	
		If this is a CLAIM FOR REFUND, } <input type="checkbox"/> please check the box at right	
Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 15 and mail to:  Tennessee Department of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242			

EXPORT GALLONS

	GASOLINE COLUMN A	DIESEL DYED COLUMN B	DIESEL UNDYED COLUMN C	KEROSENE COLUMN D	JET FUEL COLUMN E	AV GAS COLUMN F	TOTAL COLUMN G
1. Destination state tax paid gallons (net of diversions) .....	_____	_____	_____	_____	_____	_____	_____
2. Tax free gallons (see instructions) .....	_____	_____	_____	_____	_____	_____	_____
3. Diversions into Tennessee .....	_____	_____	_____	_____	_____	_____	_____
4. Tennessee tax paid gallons .....	_____	_____	_____	_____	_____	_____	_____
5. Diversions from Tennessee .....	_____	_____	_____	_____	_____	_____	_____
6. Total gallons exported (Total of lines 4 and 5)	_____	_____	_____	_____	_____	_____	_____

REFUND COLUMN A

TAX COLUMN B

7. Gasoline privilege tax .....	Line 6-A multiplied by \$0.196917	_____	Line 3-A multiplied by \$0.20 ....	_____
8. Diesel use tax .....	Line 6-C multiplied by \$0.167379 .	_____	Line 3-C multiplied by \$0.17 .....	_____
9. Special privilege tax .....	Line 6-G multiplied by \$0.0095 ....	_____	Line 3-G multiplied by \$0.01 ....	_____
10. Environmental assurance fee .....	Line 6-G multiplied by \$0.004 .....	_____	Line 3-G multiplied by \$0.004 ..	_____
11. Totals .....	Credit - add lines in Refund Column	_____	Tax - add lines in Tax Column .	_____
12. Enter outstanding credit amount from previous Department of Revenue notice(s) .....	_____			_____
13. Penalty { If filed LATE, compute penalty at 5% of the tax (Line 11B minus Line 12 and 11A) for each 1 to 30 DAY PERIOD or portion thereof for which TAX IS DELINQUENT (Total penalty NOT TO EXCEED 25%.) Minimum penalty is \$15 regardless of the amount of tax due or whether there is any tax due. ....	_____			_____
14. Interest (Line 11B minus Line 12 and 11A multiplied by _____ % per annum on taxes unpaid by the due date) .....	_____			_____
15. TOTAL REMITTANCE AMOUNT (Total of lines 11B, 13, and 14; subtract line 12 and 11A if applicable) .....	_____			_____
16. Overpayment - If you are due a refund, please indicate the amount here .....	_____			_____

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's Signature _____	Date _____
Signature of Preparer other than Taxpayer _____	Date _____
Tax Preparer's Address _____	Phone Number _____



FOR OFFICE  
USE ONLY

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For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

**Chattanooga**  
(423) 634-6266  
Suite 350  
State Office Building  
540 McCallie Avenue

**Jackson**  
(731) 423-5747  
Room 405 B  
Lowell Thomas Building  
225 Martin Luther King Blvd.

**Johnson City**  
(423) 854-5321  
204 High Point Drive

**Knoxville**  
(865) 594-6100  
Room 606  
State Office Building  
531 Henley Street

**Memphis**  
(901) 213-1400  
3150 Appling Road  
Bartlett, TN

**Nashville**  
(615) 253-0600  
3rd Floor  
Andrew Jackson Building  
500 Deaderick Street

Tennessee residents can also call our statewide toll free number at 1-800-342-1003.  
Out-of-state callers must dial (615) 253-0600

Date	Checked By	<b>For Office Use Only</b> <b>REFUND APPROVAL</b> Approved Amount \$ _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> REDUCED <input type="checkbox"/> INCREASED	REASON FOR REDUCTION	_____ <i>Director or Designate</i> <i>Date</i>  _____ <i>Commissioner of Revenue or Designate</i> <i>Date</i>